

1. NUMBER: <b>CGBA-00-002</b>	2. PCN: <b>PB20170</b>	<b>MSFC ENGINEERING CHANGE REQUEST (ECR)</b> (See Instructions - MSFC Form 2327-2)		3. DATE: <b>10/03/00</b>	4. PAGE  1 of 1
5. TO: <b>FD32/Barbara Cobb</b>		6. THRU:		7. FROM: <b>BioServe Space Technologies</b>	
8. TITLE OF CHANGE: <b>Incorporate crew suggestions to Baseline Inc2 CGBA proc. and to Daily Status ch</b>					
9. RECOMMENDED PRIORITY: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine			10. NEED DATE: <b>10/22/00</b>		
11. PROGRAM(S)/PROJECT(S) AFFECTED: <b>ISS</b>			12. CONFIGURATION ITEM(S) AFFECTED BY NOMENCLATURE: <b>Increment 2 US PODF</b>		
13. RECOMMENDED EFFECTIVITY(IES): <b>Increment 2</b>			14. DOCUMENTATION AFFECTED (Specs, ICD, etc.): <b>M2UESTCKN001, MGUEEXPRSCGBAN001, MGUEEXPRSCGBAAC001, MGUEEXPRSCGBAN004</b>		
15. RELATED CHANGES (ECR, ECP, CR, etc.) BY NUMBER:			15A. INITIATING DOCUMENT NUMBER, e.g., DR, Software Trouble Report, etc.		
16. JUSTIFICATION FOR CHANGE (Include effect if not incorporated). (If necessary, continue on MSFC Form 2327-1 -Continuation Sheet) <b>Required to support Increment 2 crew operations.</b>					
17. EFFECTS ON: <input type="checkbox"/> Hardware <input type="checkbox"/> Facility <input type="checkbox"/> Schedule (See Enclosure for impact) <input type="checkbox"/> Requirements Documentation <input type="checkbox"/> Software <input type="checkbox"/> Environment <input type="checkbox"/> Cost (Estimated cost included in Enclosure ) <input checked="" type="checkbox"/> Other (Specify): <b>US PODF</b>					
18. DESCRIPTION OF CHANGE (Include reference to enclosures). (If necessary, continue on MSFC Form 2327-1-Continuation Sheet) <b>1. Take out all wording instructing crew to log EET and Temp in nominal procedures and in Daily Status Check Matrix. Crew will use negative reporting.</b> <b>2. Add steps in Maintenance procedure and in Daily Status Check Matrix to remove and replace muffler.</b>					
19. MOD KIT INFORMATION:					
Yes No				Enclosure	Paragraph
<input type="checkbox"/> <input type="checkbox"/> Previously issued modification instructions affected? (Explain)					
<input type="checkbox"/> <input type="checkbox"/> Proofing of modification instructions and kit installation required? (Explain)					
Proofing Location:					
<input type="checkbox"/> <input type="checkbox"/> Retest required? (Identify test invalidated by change)					
<input type="checkbox"/> <input type="checkbox"/> Requalification required? (Include description of test plan for requalification)					
Vehicle/Site & CI Serial No.	Change Period	Mod Kit Delivery Date	Est. M/H for Mod Kit Instl.	Out-of-Service Time	
20. SIGNATURE OF ORIGINATOR: <b>Carla Goulart /s/</b>		DATE: <b>10/05/00</b>	TELEPHONE NUMBER: <b>3034923607</b>	OFFICE SYMBOL: <b>N/A</b>	
21. CONCURRENCE					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE
22. TECHNICAL APPROVAL					
SIGNATURE	ORG.	DATE	SIGNATURE	ORG.	DATE